



**Communicable Disease and Epidemiology News**

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**Public Health**

Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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**Influenza Update: What's the Deal with Vaccine Supplies?**

In the November issue of the Epilog, we stated that "Influenza vaccine availability is good this year...". Shortly after the Epilog was sent out, Public Health issued a press release recommending that, because of diminishing vaccine supply, priority should be given to high risk children and adults when administering inactivated influenza vaccine. In light of these contradictory statements, some providers were asking, "What went wrong?"

The fact is, compared with the last two flu seasons, when problems with the production of influenza vaccine postponed its distribution until mid-November, supplies of vaccine were plentiful in early October this year. Also, mild flu seasons during the last two years decreased the demand for flu vaccine so much that 17 million doses remained unused at the end of last year. This year, 83 million doses of inactivated injectable flu vaccine, and 5 million doses of live attenuated intranasal influenza vaccine (Flumist™) were produced, even though no more than 80 million doses of influenza vaccine have ever been administered in the US in one year. This year, many factors came together to cause what should have been an abundance of flu vaccine to not stretch far enough, including the availability of vaccine early in the season, the early start of the flu season, reports of serious illness among some children infected with influenza, and an expanded definition on who is at high risk for flu. The good thing about this year's flu vaccine experience is that more people than ever before will receive the flu vaccine. Ideally, many of the vaccine recipients are among the 115 million people in the US that the Centers for Disease Control and Prevention (CDC) estimates are a high risk for flu complications. Time will tell if this greater demand for flu vaccine will continue into subsequent years.

In Washington State influenza activity is still widespread, however, reports of school absenteeism due to influenza-like illness (ILI) have dropped to half of what they were 3 weeks ago. Over 350 cases of influenza have been laboratory confirmed from 21 counties across the State through specimen submissions from sentinel influenza providers. Since influenza is not a legally notifiable condition, these 350 cases represent only a sample of the actual number of cases. Forty-three percent of reported cases are 9 years of age or younger, and 28% are 10 to 19 years of age. The number of deaths due to pneumonia and

influenza (P & I) are within expected limits for this time of year, although this indicator typically lags about 4 weeks behind illness reports. There have been no reported influenza related deaths in children living in Washington State.

All identified cases have been influenza A, H3N2. Specimens sent to the CDC have been characterized as A, Fujian H3N2-like, and A/Panama H3N2-like.

**Important Provider Alert: Antibiotic Resistant Gonorrhea in King County**

Since October 2003, significant numbers of gonorrhea cases due to fluoroquinolone-resistant *Neisseria gonorrhoeae* have appeared in King County. There are two immediate implications for health care providers.

1. Ciprofloxacin and other fluoroquinolones no longer should be used to treat gonorrhea in men who have sex with men (MSM), and should be used with caution in other patients.
2. Providers are urged to immediately report by telephone (206-731-3954) whenever gonorrhea treatment failure is suspected, or if there is other evidence of possible antibiotic-resistant infection.

For several years fluoroquinolone-resistant gonococci have been prevalent throughout Asia, parts of Europe, and many Pacific islands, including Hawaii, and they recently appeared in significant numbers in California and Massachusetts, where most cases also have been reported among MSM. From January 2002 through September 2003 there were only sporadic cases of fluoroquinolone-resistant gonorrhea in King County, amounting to 1-2% of all cases. In October and November, 11 (15%) of 74 gonococcal isolates had minimal inhibitory concentrations of ciprofloxacin or 4 mg/L or higher, a level of resistance associated with at least a 50% rate of treatment failure with recommended fluoroquinolone regimens. The 11 recent cases all were men, most of whom acknowledged sex with male partners. Many of these quinolone-resistant gonococci also had decreased susceptibility to tetracycline and azithromycin. Treatment failure has been documented in 4 persons infected with resistant strains who were given ciprofloxacin 500 mg orally; 3 of these patients also had been treated with doxycycline or azithromycin.

Effective immediately, health care providers in King County should not use ciprofloxacin or other

fluoroquinolones as first line therapy for gonorrhea. In particular, these drugs should be avoided when treating MSM for proven or suspected gonorrhea and should be used with caution, if at all, in other patients.

Alternative treatments for patients with uncomplicated gonorrhea include single doses of cefpodoxime (Vantin™), 400 mg orally, or ceftriaxone (Rocephin™), 125 mg by intramuscular injection. Cefixime, until recently recommended in a single oral dose of 400 mg, is no longer is available in the United States. Either regimen should be followed with either azithromycin 1.0 g orally (single dose) or doxycycline 100 mg orally twice daily for 7 days, to treat possible coexisting chlamydial infection. When well-documented penicillin allergy or other contraindications preclude treatment with a cephalosporin, patients can be treated with single-dose azithromycin 2.0 g orally once; or ciprofloxacin 500 mg (or another fluoroquinolone) can be given, followed by a test-of-cure 5-7 days after completion of therapy.

Health care providers are encouraged to contact the STD Control Program (206-731-8374) if there are questions.

Kudos to Dr. Frank Reido

Public Health would like to recognize Dr. Frank Riedo, of Evergreen Hospital, for his acumen in diagnosing and reporting the first locally acquired case of Hantavirus Pulmonary Syndrome (HPS) in King County. Dr. Riedo obtained a thorough history from an acutely ill young male patient with atypical pneumonia, revealing his likely exposure to aerosolized rodent droppings while cleaning out a garage. When a commercial reference lab reported results positive for Sin Nombre Virus, the causative agent of HPS in the U.S., Dr. Riedo promptly notified Public Health, enabling us to retrieve sera for confirmatory testing at the CDC, and to initiate both an investigation and disease control activities. Fortunately, the patient survived his illness. Many thanks to Dr. Riedo for his expertise, and for his prompt notification of this case to Public Health.

Reminder: New Death Certificate Form in January 2004

A new death certificate will be implemented in January, 2004 by the Washington State Department of Health, Center for Health Statistics (CHS). For more information about certifying causes of death, go to the CHS web site: [www.doh.wa.gov/ehsph/chs/chs-data/death/hands.htm](http://www.doh.wa.gov/ehsph/chs/chs-data/death/hands.htm) or call (360) 236-4351.

Respiratory Etiquette Poster and Brochure for Health Care Facilities Available for Download

Public Health continues to promote respiratory etiquette measures developed by the CDC to decrease transmission of respiratory imfections in health care settings. The Minnesota Department of Health has graciously allowed Public Health to distribute a “Cover Your Cough” brochure and poster they developed for patients and visitors of health care facilities.

The brochure is available for download at: [www.metrokc.gov/health/providers/Cover-Your-Cough.pdf](http://www.metrokc.gov/health/providers/Cover-Your-Cough.pdf)

The poster is available for download at: [www.metrokc.gov/health/providers/Cover-Your-Cough-poster.pdf](http://www.metrokc.gov/health/providers/Cover-Your-Cough-poster.pdf)

For more information on respiratory etiquette, see: [www.metrokc.gov/health/sars/infection-control.htm](http://www.metrokc.gov/health/sars/infection-control.htm)

**Disease Reporting**

AIDS/HIV .....(206) 296-4645

STDs .....(206) 731-3954

TB.....(206) 731-4579

All Other Notifiable Communicable Diseases (24 hours a day)..... (206) 296-4774

Automated reporting line for conditions not immediately notifiable.....(206) 296-4782

**Hotlines**

Communicable Disease .....(206) 296-4949

HIV/STD .....(206) 205-STD5

**Online Resources**

Public Health Home Page: [www.metrokc.gov/health/](http://www.metrokc.gov/health/)

The **EPI-LOG**: [www.metrokc.gov/health/providers](http://www.metrokc.gov/health/providers)

Subscribe to the Public Health Communicable Disease listserv (PHSKC INFO-X) at: <http://mailman.u.washington.edu/mailman/listinfo/phskc-info-x>

Reported Cases of Selected Diseases, Seattle & King County 2003				
	Cases Reported in November		Cases Reported Through November	
	2003	2002	2003	2002
Campylobacteriosis	24	22	248	284
Cryptosporidiosis	2	7	37	28
Chlamydial infections	390	644	4,686	4,042
Enterohemorrhagic E. coli (non-O157)	0	0	1	0
E. coli O157: H7	1	4	39	27
Giardiasis	5	14	109	156
Gonorrhea	93	128	1,255	1,334
Haemophilus influenzae (cases <6 years of age)	0	0	0	0
Hepatitis A	4	0	30	37
Hepatitis B (acute)	3	3	34	30
Hepatitis B (chronic)	21	65	477	523
Hepatitis C (acute)	0	0	8	12
Hepatitis C (chronic, confirmed/probable)	37	113	777	1390
Hepatitis C (chronic, possible)	21	40	224	382
Herpes, genital (primary)	53	55	602	611
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	71	37	477	524
Measles	0	0	0	0
Meningococcal Disease	0	1	4	15
Mumps	0	0	0	0
Pertussis	12	24	271	139
Rubella	0	0	0	2
Rubella, congenital	0	0	0	0
Salmonellosis	18	18	222	194
Shigellosis	0	11	84	72
Syphilis	8	4	78	40
Syphilis, congenital	0	0	0	0
Syphilis, late	8	10	47	41
Tuberculosis	9	15	130	141

The Epi-Log is available in alternate formats upon request.